REGION 2 BEHAVIORAL HEALTH BOARD NEEDS AND GAPS ANALYSIS - APRIL 2015

Identified Regional Services	Short Fall and Challenges	Project Proposals, Process and	Improvement and Strategy
Needs and Gaps		Accomplishments	Measures
Increased availability of	1.Telehealth structure inadequate	1.Continue use of telehealth in	1. Partner with NW Children's
psychiatric services for children,	2.Unavailability of child psychiatrist	Grangeville, Orofino, and	Home for psychiatric services
youth and adults	3. Nature of Frontier Area	Cottonwood	2. Advocate for re-establishment
	4.No short-term acute services for	2.Children's Mental Health	of St. Joseph Hospital telehealth
	youth	Planning Council	3. Acquire data on frequency of
	5. Expand services for infants &	3.Psychiatric Mid-level	use of ERs for Behavioral Health
	toddlers	Providers	Services
	6. Psycho-education for agencies,	4. Children's mental health first	4. Advocate for partnerships with
	schools personnel, & juvenile justice	responder training	private agencies, medical
	system on Trauma-Informed Care		providers, hospitals, and telehealth
	7. Post adoption services for		services
	children with SED		5. Legislature needs to
	8. Use of evidence-based practices		pass/approve Medicaid
	for children & for parent education		Expansion/Restructuring
Funding for treatment & services	1. Need for increased funding	1. Continue surveying	1. Collect data from primary and
to treat dual diagnoses-substance	2. Existing funding priorities do not	stakeholders to prioritize needs	secondary consumers on
use disorder and psychiatric	match needs of community-funding	2. Research results submitted to	perception of their needs for
diagnoses	still in separate streams	legislature	services
	3.Lack of data on population	3. All area Substance Abuse	2. Latah County NAMI assisting
	4. Increase number of	Providers certified on dual	with WSU data collection
	independently licensed professionals	diagnosis	3. Searching for funding that
	– ex. LCSW, LCPC, MFT, LPC etc.		incorporates individuals with dual
			diagnoses
			4. Legislature needs to
			pass/approve Medicaid
			Expansion/Restructuring
Housing – Healthy & Safe	1. Lack of community acceptance	1. PATH therapeutic foster care	1.Explore grant options for
Environment	2.Limited funding for housing	2. Iris Apt. functioning, full, 1	housing
1.Access to affordable housing	3. Increase number of therapeutic	Crisis bed	2.Regional Board Housing
2.increase safe and sober housing	foster homes	3. Rising Sun Safe & Sober	Committee created to pursue
in Lewiston and outlying areas		opened in March 2015	funding streams

3.Transitional/supportive housing for adults and youth 4. Crisis beds in community		4. Abbadaddy House in Cottonwood 5. Transitional Housing funds from IDOC 6. Shelter Plus Care	Partnership with WSU research and grant resources Collect data on housing
Transportation 1. Facilitate access to treatment services from frontier and outlying areas 2. Transportation of consumers to psychiatric hospital 3. Continued reform of policy on shackling	Lack of license for DUI offenders limits transportation to services Taxi services unaware of funding for transportation of individuals with SUD Lack of transportation options for child psychiatric emergencies	Telehealth reduces need for transportation services CIT training for first responders – 30 participants April 2014 Shackling legislation passed in 2014 Session	1.Need for continued reform of shackling policy 2. Explore use of Virtual Behavioral Health Care to meet local mental health needs & be HIPPA compliant
Education and Public Relations 1. Public education & advocacy training on Behavioral Health issues 2. Improve media relations for better reporting of behavioral health issues 3. Need for prevention and early intervention services	1. Stigmatizing public attitudes 2. Public's lack of accurate knowledge about BH issues 3. Time & resources to provide public education 4. Increased suicide prevention training 5. Track existing trainings and determine specific needs for trainings 6. Support for Lewiston NAMI 7. Only 4 Recovery Centers in ID 8. After July 1 proposal for start-up funding	1.BH provided training to medical staff, schools & law enforcement 2. Region 2 Developed Respite Care Training Curriculum 3.Adult Mental Health (AMH) provided Designated Examiner Training for Psychologists 4. AMH provided education for local hospitals 5.BH staff monthly meetings with Nez Perce Tribal Repr. 6. Mental Health First Aid 7. Recovery Center in Latah County. 8. Regional Board established Children's Mental Health subcommittee 9. Children's Mental Health Council provided information, training for schools & public,	Develop outcome measures to determine effectiveness of training and educational programs

Increased availability of SUD treatment in rural and frontier areas 1. Need for detox services 2. Gaps in treatment funding 3. Substance Abuse Prevention and early intervention	Lack of funding for SUD services No detox facility Stigmatizing attitudes of public Increase services for individuals not covered by criminal justice system, veterans benefits, or child protection services	established support groups. 10. Parenting with Love and Limits/Logic available. 1. Prescription drop-off boxes in Moscow, Lewiston, Orofino, Kamiah, Lapwai, Grangeville 2. Drug courts in Latah, Nez Perce & Clearwater counties 3. Justice Re-investment Act 4. Compilation of date by WSU	1. Adult Corrections accessing fund through Justice Reinvestment Act 2. WSU and Board research & grant writing partnership 3. Identify specific needs for recovery in Region 2
4. 24-hour crisis services5. Increased reimbursement for Behavioral Health services	5. Funding silos prevent holistic treatment6.Lack of providers in rural area	& LCSC 5. Managed Care contract needs to be reviewed & upgraded	4. Legislature needs to pass/approve Medicaid Expansion/Restructuring
Ongoing funding needed for Federally qualified healthcare 1. Physically & behavioral health moving toward holistic model 2. Lack of health insurance	Idaho needs to make use of Medicaid realignment funds Snake River Clinic needs increased funding & resources	1. CHAS Clinic established for under-insured clients in Moscow & Lewiston 2. State Healthcare Innovation Plan funded by Feds and awarded to DHW 3. www.yourhealth.Idaho.gov Idaho Health Insurance exchange	1.Continue to advocate at State level to access available Medicaid Funds 2. Legislature needs to pass/approve Medicaid Expansion/Restructuring
Increase Behavioral Health Workforce 1.Develop method to locate & attract behavioral health providers 2.Expand training	 Better pay for psychiatrists School loan repayment for physicians Increase Medicaid payments 	2014 Legislature approved loan repayment for physicians at state hospitals	Collect data on psychiatrist's salaries Publicize the loan repayment program
Children and youth mental health court for Nez Perce and Latah counties	Need for funding, court staff, program design, & providers	1.Currently under discussion with Dept. of Corrections, and Children's Mental Health Subcommittee 2.Consider utilizing similar design as Region 1	Need for approval by Idaho Drug & Mental Health Coordinating Committee Funding